COMMERCIAL LOAN APPLICATION

CREDITREQUESTED									App.#		
Amount Requested		Term of Credit Requ		Loan Type: Line of Credit Business expansion							
				Particular Commence	of Credit	1 1.					
Specify all intended uses of		Does borrower(s) har		Equi	es						
proceeds (if more than one):	:	unpaid taxes or judg	Refin								
		Yes . I		Othe							
	•••	If yes, please explain									
Contingent Liabilities	•	Purpose of Credit Re	quested	Credit R	equest	Applican			A		
						☐ Joint wit	h Co-App	licant(s)	(initials)		
COMPLETION INSTRU	CIIO	NS FOR APPLICAN	f r								
Complete the Applicant information for the first Applicant. Mark the appropriate box to indicate whether the Applicant is applying as a Borrower, Guarantor, Cosigner, Grantor (of collateral), or Other for a different capacity. If the Applicant is a married individual, he or she may apply for individual credit. (Do Not complete Marital Status question below if application is for individual unsecured credit)											
APPLICANT INFORMATION	N:							a tabu aa aa a			
11ppiiouni 10	Borrow		Cosig		Grantor	U Othe		·.			
Name of Applicant (Business l	Name o	r Last Name if Individua	1 Applic	ant First N	ame (If Ind	ividual)	. J.SSN	I/TIN#			
a i sali t	•	r 9 m v •		•	1 1						
Main Contact Phone Number		Filing Dates		Filin	g Locations	:	DBA	A Name			
Please describe the nature of the	ne busir	ness in which the borrow	er is engaged	<u> </u>		·	a traini	N. 1	The second of the second		
			•	٠.							
	1	• • • • • • • • • • • • • • • • • • • •	*	•							
Check Appropriate Box ☐ If you are applying for individual credit and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, do not complete the section for marital status. ☐ If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all sections to the extent possible, providing information about the person whose alimony, support maintenance payments or income or assets you are relying. ☐ If you are applying for joint credit with another applicant, complete all sections and attach joint application.											
Street Address					City			State	Zip Code		
Mailing Address					City			State	Zip Code		
Principal Office Address (in	f not li	sted above)			City			State	Zip Code		
State of Organization	Annli	cant is:					· · · ·				
State of Organization		n Individual	☐ A Propr	ietorship	ПАР	artnership	. Пас	orporation	☐ Non-Profit		
		n Association	A Trust			ov't Entity	□ A LI	-			
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SCHEDULE OF COLLATER	ALOH	G100-1001-001-01-07-11		PASSES SALE							
Description		Value	Total Liens	1		ip Status of Th	his Applica	nt Creditor P	Name (if any)		
			\$			ase Money ntly Owned					
			\$			ase Money ntly Owned					
			\$		Purch Presen	ase Money ntly Owned					
1		U	se Additions	l Sheet if l	Necessary						

RELATIONSHIP INFORMATION - APPLICANT'S HISTORY WITH LENDER												
	omer Since (MM-		Last Financial Statement Date (MM-DD-YYYY):									
Existing Customer Last	Tax Return Date	on File (YYYY	Last Credit Report Date (MM-DD-YYYY): Last Credit Bureau:									
How Many Years in Business	Any bankruptcies	in last 10 year	rs?	Last Credit Bureau: Any current or pending law suits or judgments?								
The state of the s	Yes No	, 111 1450 10) 041		Yes No (If yes, please explaing)								
T. I. I. I.		D	:41. T1				Total Condit V	Title T one	don.			
Liabilities with Lender Direct: \$		Deposits w DDA Avg:					Total Credit With Lender New Credit: \$					
Contingent: \$		Other Avg.		<u> </u>			Proposed Total: \$					
Total:	-	Total Avg:		\$			·		<u> </u>			
							•	•				
LIST ALL GUARANTORS AN	ID/OR AUTHOI	RIZED SIGN	ERS FOR	TH			深少野性Minister		多数的影響的影響			
Name	Title			$\ \cdot\ $	Authorized S Guarantor	Signer	SSN or TIN	#				
Street Address					City		• • •	State	·Zip Code			
				T :	:		T					
Name	Title				Authorized S	igner	SSN or TIN	#				
Control of the contro			• • •	·	Guarantor	·		7:- 0-1-				
Street Address					City	· · ·	7 to 00	State	Zip Code			
Name	Title				Authorized Si Guarantor	igner ·	SSN or TIN#	ŧ				
Street Address					City			State	Zip Code			
Namo	Title				Authorized Si	mar	SSN or TIN	#				
Name	Title			片	Guarantor	igner :	BBN 01 TIN		1 1 1			
Street Address		٠.,	:	• :	City	56.7	7.4.4.4. ·	State	Zip Code			
Name	Title				Authorized Si	igner	SSN or TIN#	+				
Street Address				<u> </u>	Guarantor City			State	Zip Code			
NT 1	m:u.						GONI TINI	11				
Name :	Title				Authorized Si Guarantor	igner 	SSN or TIN	HF	1			
Street Address			• •	•	City		* 1	State	Zip Code			
		Use Ad	ditional Sh	ieet :	if Necessary							
APPLICANT SIGNATURES								70.744				
I/We hereby apply for the loan of	The state of the s	d in this annli	cation on	heho	of the anni	licant busin	acc T/XVe certi	for that Th	are did not omit			
any important information. I/We												
Lender is authorized to verify wi	th other parties a	ınd to make a	ny investi	gatio	on of my/our	credit, eithe	er directly or th	rough ar	ny agency			
employed by the Lender for that												
transactions with my/our account												
even if no loan or credit is grante												
and to any investor to whom Len investor any information and doc												
APPLICANT:	annemation they		-	сърс	or to my/our	application	Cicuit of Ioan					
		DATE						DAT	E			
Ву:		I):						-				
Ву:							(Seal):	al):				
Ву:	(Seal	l):	Ву:				(Seal):					
		Tise Add	litional Sh	eet i	f Necessary							
FOR LENDER'S USE ONLY						\$144 (PER CER						
Officer No./Name	Approved By		Concurre	nce	By (If Neede	d) Comn	nittee Date	Dec	ision Date			
Branch	Application Dat	te .	Applicati	on N	lo.	Comn	ittee No.	Loa	n No.			
Decision and Comments:					***************************************							
Approved Denied Dilno	omplete ···· - F	Counteroffer	·	Condi	tional-Approv	al	ithdrawal······	Other				
FPICION				- Januar		Ш үү		- Cilici	- 4 1111 1111 1111			

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means: When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

USE OF LOAN PROCEEDS

"Please list all uses of which you plan to apply your proceeds. For example, if you plan to use a portion for tuition and another portion for making home improvements, then list the total amount separately for each of these two uses so that the sum of the loan purposes is equal to the loan amount you are requesting. It is not necessary to separately list specific uses of loan proceeds within a particular category. For example, you need not separately list the various home improvements expenses you anticipate such as \$500 for a new refrigerator and \$1,000 for new floring. Instead, just report the combined dollar amount (in this \$1,500) as home improvements uses.

:Purpose:		Amount:\$	<u>:</u>	
Purpose:		Amount:\$	<u> </u>	
Purpose:	rene al 1821 Crimal	Amount:\$	Magraphany w. o.	
Purpose:		Amount:\$		
Purpose:		Amount:\$. 1
Purpose:		Amount:\$		
Total Dollar Amount of the Loan Request		\$		
Signature		Date	· · ·	
Signature	,	Date	* .	.*
Signature		Date		ā
Signature		Date		

Member FDIC Rev. 2/05

FINANCIAL STATEMENT													
	Gulfaction (Sec.)						TYPE OF CREDIT - CHECK THE APPROPRIATE BOX						
							☐ Individual - Provide your financial information only						
						ete aktor	Joint, with _						
							Information of						
Applicant's Na	me and Address		Cre	ditor's Nar	ne and Add	ress							
	INDIVIDUAL INFORM	ATION					JOINT PARTY IN	FORMAT	ION				
Business or Occupation				102523	Business of	or Occupation							
Employer's Name and Addre	ess				Employer's Name and Address								
Length of Employment		The East of State of											
Home Phone Date of Birth		Home Pho Date of Bir											
	S.S./Taxpaye ASSETS		Note: Co	omplete S		S first.							
Cash On Hand and In Banks		Sched. A			Notes Due		6-15-1-70-2	26314	Sched	. A			
Cash Value of Life Insurance	9	Sched. B			Notes Due	to Relatives and	Friends		Sched	. н			
U.S. Gov. Securities		Sched. C			Notes Due	to Others			Sched	Н			
Other Marketable Securities		Sched. C			Accounts	and Bills Payable			Sched	Н			
				4 (1987)	Loans on I	ife Insurance Pol	licies		Sched	. В			
					Contract A	ccounts Payable			Sched	Н			
					Cash Rent	Payable							
	TOTAL LI	QUID ASSETS	Section 2		Other Liab								
Real Estate Owned	Sched. E												
Mortgages and Contracts Ov	Sched, F												
Notes and Accounts Receiva Notes and Accounts Receiva	Sched. D				-0								
Notes Due From Relatives a	Sched. D			Real Estat	ES .E								
Other Securities - Not Readil	Sched. C			Liens and									
Personal Property	Sched. G	100		Other Debts - Itemize									
IRA and Tax Deferred Accou	ints					TOTAL LONG TERM LIABILITIES							
Other Assets - Itemize	(see attached itemiz	ation)			Total Liabi	Total Liabilities							
	TOTAL PRODUC	TIVE ASSETS			Net Worth	(Total Assets Min		The Control of the Co					
TOTAL ASSETS					TOTAL LIABILITIES AND NET WORTH								
	ANNUAL INCOM	E				第二位中国的共享的政策和	IMATE OF ANI	NUAL EX	PENSE	S			
Salary Bonuses and Commis	ssions		\$		Income Ta	\$							
Dividends and Interest	-4\		\$		Other Taxe	\$							
Rental and Lease Income (N Alimony, child support, or se		ome need not b	\$ revealed	d if you do	Insurance Premiums \$ Mortgage Payments \$								
not wish to have it considered Other Income - Itemize				a ii you do	Rent Paya	\$							
Provide the following informa	tion only if Joint Credit i	s checked abov	е.		Other Expe	\$							
Other Person's Salary, Bonus	ses and Commissions		\$		Chair Expenses								
Alimony, child support, or se not wish to have it considered	parate maintenance inc	ome need not b	e revealed	d if you do									
Other Income of Other Perso	n - Itemize	j triis obligation.	\$										
TOTAL					TOTAL								
G	ENERAL INFORMA	TION					CONTINGENT LIABILITIES						
Are any Assets Pledged Other		HEDULES L	yes	no	Disease have the beautiful to	er, Co-maker or Gu	uarantor	yes	l no				
Are You a Defendant in Any S		Carried Control of the	yes	no	Section 1981 Name	or Contracts	a to and the same section of the	yes	no	Comment of the Comment			
Income Tax Return Filed Thro			erder og det Redder en at		Legal Clain								
Are you a Partner or Officer in		years?	yes	no no	Other	tate Income Taxes	5 <u>L</u>	J yes	l no				
	the state of the s		700	The second second	DULES				e a temple.				
A CASH IN BANKS							E) 🔲	Addition	al Info	rmation Requested			
NAME OF BANK	Type Of Account	Type Of Ow	nership	On [Deposit	Notes Due Bar	nks Colla	teral (if An	y) and Ty	pe Of Ownership			
Andrew Control				\$		\$							
										de la la Jack State			
						Arms arms							
☐ cos 4#	shod Itominati		On Hand										
See Attached Itemization			LS	100									

B LIFE INSURANCE (List only those Policies that you own)																	
COMPAN	NY.	ı	ace Of Policy	Cas	sh Surrender Value				Policy Lo Insuran	an From ce Co.		Other Policy As	Loans Collateral		BENEFICIARY		
	Can Attached	d Itamiratio	TOTAL C	\$				\$									
	See Attached OWNED (U.S. Gov't Bond	THE RESERVE OF THE PARTY OF THE	other St	tocks a						a Your				EXECUTE OF THE PARTY OF THE PAR	
Face Value-Bonds No. Of Shares Stock	Indicate thos	DESCRIP se Not Regis	FION ered in Your Name	Type o	Type of COST (Market Value Market V U.S. Gov. Sec. Marketab		et Value able Sec.	Value MARKE ble Sec. Not Readil		able	Amount P To Secure	ledged d Loan		
	100 pt 100																
See Attached Itemization						OTALS	\$			\$		\$					
D NOTES AND	ACCOUNT	S RECEIV	ABLE (Money I	Payable (Indivi			te % of y	our Owi	nership ir	iterest)			ASTALLA	
MAKER/I	DEBTOR		When Du	e O	riginal A	mount	Cı	Balanc surrent A	e Due accounts		Balance I Over 90 D	ance Due Bal. Due Ner 90 Days Rel. and F			Security	(If Any)	
				\$			\$			\$			\$		1000		
	See Attached					TALS	\$			\$			\$				
PARTY STATE OF THE PROPERTY OF THE PARTY OF		(Indicate	% of your Owner	rship int													
TITLE IN NAME	OF '	% De	scription and Loca	ation	Date Acquir	red	Origina Cost	al t	Prese of Rea	nt Value al Estate	A: Ins	mount of s. Carried	MOF Bal. Di	RTGAGE O	R CONTRACT F Payment	PAYABLE Maturity	
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	10 10 10 10																
	ee Attached	William Charles	AND DESCRIPTION OF THE PROPERTY AND PARTY.	in the second			тот	TAL	\$			TOTAL	_ \$				
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Cont. Mtg. %	Nam		Address		PROPE	RTY CC	VERE	D	The second secon		Payment	nent Maturity		Bala	nce Due		
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	DESCR	RIPTION		%	% When New				When New			Value Today Balan			LOANS ON PROPERTY nce Due To Whom Payable		
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THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	ee Attached	Itemization	1						T	OTALS			di destre				
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PAYABLE TO		Other Obliga (If Any)	When Due	Rel.	es Due To and Friends	s (I	s Due *C Not Bank	ks)	7	and Bills		Contracts Payable	COL	LATERA	L (If Any) Pa	yable	
		7.3															
□ s	ee Attached	Itemizatio	n TOTALS														
								Transit.									
This information and the purpose of Applicant(s) credit. This Statement inquiries you deem ned Creditor of any subseq Applicant(s). Applicant violation of federal law In addition, each individe report on them.	y guaranteerris true and coessary to vouent change (s) are aware 18 U.S.C. se	orrect in e erify the a s which w that any ec. 1014 a	or others. Applicant very detail and accuracy of the info couracy of the info ould affect the acc knowing or willful and may result in a	ort(s) acknowledges curately a curacy of false state fine or im	owledge represent contained this State ements re aprisonme	that rep ts the fir d hereir ement. (egarding ent or bo	resent nancial and to come the control of the contr	tations I cond to dete or is fu value c	made in the made i	n this State he Applic he credity thorized to ove prope	tement vant(s) or vorthines answe erty for p	will be relied the date as of the under any quest ourposes of the under any quest ourposes of the many quest outposes of the many quest of	ed on by Cre given below undersigned stions about of influencing	editor in it v. You ar . Applica Creditor g the action	is decision to e authorized nt(s) will prod 's credit expe ons of Credit	grant such to make all mptly notify grience with or can be a	
The undersigned decla	res that he/s	he has rea	d and understand	s the stat	ements a	above.											
Date Signed				Cian	aturo							N:					
				Sign	atule						5	Signature ₋		er Perso	n (If Applicab	le)	